



## Sample Fee Schedule (90% reimbursement differential) Effective July 1, 2010

This sample fee schedule of commonly billed procedure codes includes maximum allowances for dates of service on or after July 1, 2010. The amounts are excerpted from the July 1, 2010 Uniform Medical Plan (UMP) *Professional Provider Fee Schedule*, and adjusted to reflect UMP's 90% payment differential for the following provider types:

- **Advanced Registered Nurse Practitioners (ARNP)**
- **Physician Assistants (PA)**
- **Midwives (LM) & Certified Nurse Midwives (CNM)**
- **Marriage and Family Therapists (LMFT)**
- **Mental Health Counselors (LMHC)**
- **Masters of Social Work (LMSW)**
- **Certified Genetic Counselors**

### Codes and Descriptions

The UMP fee schedule uses Current Procedural Terminology (CPT®) and Healthcare Common Procedure Coding System (HCPCS) codes. The fee schedule does not include code descriptions. To bill appropriately, refer to current CPT® and HCPCS coding references for complete code descriptions.

### Coverage and Payment

The procedure codes and corresponding fees listed in this sample fee schedule are not intended as a complete list of covered services, nor do they necessarily indicate coverage or payment. Coverage and payment is subject to plan benefits, exclusions, limitations, and preauthorization requirements. Please consult the UMP *Certificate of Coverage* for complete coverage details and the UMP *Billing and Administrative Manual for Professional Providers*.

### RBRVS Pricing

The majority of the UMP Professional Provider Fee Schedule is based on the Resource Based Relative Value Scale (RBRVS) methodology. The maximum allowances are calculated using the 2010 Centers for Medicare and Medicaid Services (CMS) relative value units (RVUs) and geographic Practice Cost Indices (GPCIs) for Washington State, and the UMP conversion factor of \$55.00 effective July 1, 2010.

### Fee Schedule Updates and Corrections

UMP's primary fee schedule updates occur annually in July and include updates to the conversion factors, relative value units and anesthesia base units. Other changes occur throughout the year, including adding new codes and deleting discontinued codes.

Fees in this publication are subject to change without notice. Although we make every effort to ensure the accuracy of the fees in our publications, changes or corrections may occur throughout the year.

### Non-Facility and Facility Setting Maximum Allowances

The sample fee schedules contain two maximum allowance columns, one for non-facility settings and the other for facility settings. The provider's office would be a non-facility setting, and a hospital would be a facility setting. Please refer to the UMP *Billing and Administrative Manual for Professional Providers* for complete information on place of service definitions.

### Additional Information

All UMP publications mentioned in this document are available at [www.ump.hca.wa.gov/provider/](http://www.ump.hca.wa.gov/provider/). If you have any questions, please call (206) 521-2023 (within the Seattle area) or toll free at 1-800-292-8092.

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**Sample Fee Schedule**  
**(90% reimbursement differential)**  
**Effective July 1, 2010**

**Evaluation & Management Services**

<b><u>Code</u></b>	<b><u>Allowed Amount - Nonfacility Setting</u></b>	<b><u>Allowed Amount - Facility Setting</u></b>
99201	\$ 52.97	\$ 33.66
99202	\$ 91.58	\$ 64.85
99203	\$ 132.66	\$ 98.51
99204	\$ 205.92	\$ 166.32
99205	\$ 258.39	\$ 214.83
99211	\$ 26.24	\$ 12.38
99212	\$ 52.97	\$ 33.17
99213	\$ 89.10	\$ 65.34
99214	\$ 133.16	\$ 100.49
99215	\$ 179.69	\$ 142.07

**Maternity Services**

<b><u>Code</u></b>	<b><u>Allowed Amount - Nonfacility Setting</u></b>	<b><u>Allowed Amount - Facility Setting</u></b>
59400	\$ 2,315.12	\$ 2,315.12
59409	\$ 987.03	\$ 987.03
59410	\$ 1,156.82	\$ 1,156.82
59425	\$ 589.05	\$ 466.29
59426	\$ 1,055.84	\$ 827.15
59430	\$ 179.19	\$ 161.37
59610	\$ 2,437.38	\$ 2,437.38

**Genetic Counseling**

<b><u>Code</u></b>	<b><u>Allowed Amount - Nonfacility Setting</u></b>	<b><u>Allowed Amount - Facility Setting</u></b>
96040	\$ 55.44	\$ 55.44

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**Mental Health Services –**

**ARNP, PA**

<b><u>Code</u></b>	<b><u>Allowed Amount - Nonfacility Setting</u></b>	<b><u>Allowed Amount - Facility Setting</u></b>
90801	\$ 209.39	\$ 173.25
90804	\$ 86.63	\$ 72.27
90805	\$ 98.01	\$ 82.67
90806	\$ 119.79	\$ 111.38
90807	\$ 137.12	\$ 121.77
90808	\$ 175.73	\$ 166.82
90809	\$ 193.05	\$ 179.19
90846	\$ 117.81	\$ 114.84
90847	\$ 147.02	\$ 137.12
90853	\$ 43.07	\$ 40.10
90862	\$ 76.73	\$ 61.88

**Mental Health Services –**

**MSW, LMFT, LMHC**

<b><u>Code</u></b>	<b><u>Allowed Amount - Nonfacility Setting</u></b>	<b><u>Allowed Amount - Facility Setting</u></b>
90801	\$ 209.39	\$ 173.25
90804	\$ 86.63	\$ 72.27
90806	\$ 119.79	\$ 111.38
90808	\$ 175.73	\$ 166.82
90846	\$ 117.81	\$ 114.84
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90853	\$ 43.07	\$ 40.10

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